

**Gaps in Care Technical Specifications and PCP  
Billing Guide 2018**



**Working together to enhance the Quality of  
Care provided to our Members**

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## Table of Contents

Disclaimer/What is HEDIS.....	3
Annual HEDIS Timeline.....	4
Tips and best Practice/HIPAA.....	5
The Importance of Documentation.....	6
Quality Measures	
Adult BMI Assessment (ABA).....	7
Asthma Medication Ratio (AMR).....	8
Disease Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis (ART).....	9
Adolescent Well-Care Visits (AWC).....	10
Breast Cancer Screening (BSC).....	11
Controlling Blood Pressure (CBP).....	12
Cervical Cancer Screening (CCS).....	14
Comprehensive Diabetes Care (CDC):	
CDC HbA1c Testing .....	15
CDC Monitoring for Nephropathy .....	16
CDC Blood Pressure Less Than 140/90 .....	19
Chlamydia Screening in Women (CHL) .....	20
Childhood Immunization Status (CIS) .....	21
Care of Older Adults (COA) .....	24
Colorectal Cancer Screening (COL).....	25
Immunizations for Adolescents (IMA).....	26
Lead Screening in Children (LSC) .....	27
Medication Management for People With Asthma (MMA) .....	28
Osteoporosis Management in Women Who Had a Fracture (OMW) .....	29
Persistence of Beta-Blocker Treatment After a Heart Attack (PBH) .....	30
Non-Recommended PSA-Based Screening in Older Men.....	31
Statin Therapy for Patients with Cardiovascular Disease.....	32
Statin Therapy for Patients with Diabetes.....	33
Well-Child Visits in the First 15 Months of Life (W15) .....	34
Well-Child Visits in the 3 <sup>rd</sup> , 4 <sup>th</sup> , 5 <sup>th</sup> and 6 <sup>th</sup> Years of Life (W34) .....	35
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents (WCC) .....	36
Annual Dental Visit (ADV) .....	37
Follow-Up After Hospitalization for Mental Illness (FUH) .....	38
Adherence to Antipsychotic Medications for Individuals with Schizophrenia.....	39
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who are Using Antipsychotic Medication (SSD) .....	40
Comprehensive Diabetes Care (CDC) – Dilated Retinal Exam .....	41
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis (AAB).....	42
Follow-up Care for Children Prescribed ADHD Medication (ADD) .....	43
Antidepressant Medication Management (AMM) .....	45
Appropriate Testing for Children with Pharyngitis (CWP) .....	46
Use of High-Risk Medications in the Elderly (DAE) .....	47
Potentially Harmful Drug-Disease Interactions in the Elderly (DDE) .....	49
Use of Imaging Studies for Low Back Pain (LBP) .....	52
Pharmacotherapy Management of COPD Exacerbation (PCE) .....	53
Prenatal and Postpartum Care (PPC) .....	54
Appropriate Treatment for Children With Upper Respiratory Infection (URI) .....	56

## Disclaimer

This material serves as a tool to assist providers, their clinical team, and billing staff with information to improve HEDIS performance.

HEDIS 2018 Volume 2 Technical Specifications for Health Plans was used to generate this Provider Billing Guide. The Technical Specifications were current at the time of publication (November 2017).

HEDIS indicators have been designed by NCQA to standardize performance measurement and do not necessarily represent the ideal standard of care.

ICD-9 codes have been removed from this guide. For measures with a look back period further than Oct. 2016, the ICD-9 codes used with claims during that time frame will continue to be pulled into the HEDIS software.

Information contained in this report is based on claims data only.

## What is HEDIS?

HEDIS is a registered trademark of the National Quality Committee for Quality Assurance (NCQA)



### **Healthcare Effectiveness Data and Information Set (HEDIS)**

NCQA defines HEDIS as *“a set of standardized performance measures designed to ensure that purchasers and consumers have the information they need to reliably compare the performance of health care plans.”*

HEDIS is a registered trademark of the National Committee for Quality Assurance

HEDIS is a performance measurement tool that is coordinated and administered by NCQA and used by the Centers for Medicare & Medicaid Services (CMS) for monitoring the performance of managed care organizations

Results from HEDIS data collection serve as measurements for quality improvement processes, educational initiatives, and preventive care programs

All managed care companies who are NCQA accredited perform HEDIS reviews the same time each year

HEDIS 2018 consists of 95 measures across seven domains of care that address important health issues

HEDIS is a retrospective review of services and performance of care from the prior calendar year

There are two types of HEDIS data collected:

Administrative data – comes from submitted claims and encounters

Hybrid data – comes from chart collection/review

## Annual HEDIS Timeline

**Feb - Early May**  
Quality department staff collect and review HEDIS data (on-site provider office chart collecting occurs)



**June**  
HEDIS results are certified and reported to NCQA



**October**  
NCQA releases Quality Compass results nationwide for Medicaid



Remember that HEDIS is a retrospective process  
HEDIS 2018 = Calendar Year 2017 Data

### HEDIS Medical Record Review Process:

Data collection methods include: fax, mail, onsite visits for larger requests, and remote electronic medical record (EMR) system access if available

Medical record fax requests will include a member list identifying their assigned measure(s) and the minimum necessary information needed sent to the health plan

Due to the shortened data collection timeframe, a turnaround time of 3-5 days is appreciated

For on-site chart collections, the office will be contacted to schedule a time the abstractor can come to the office for chart review. A list of members charts being reviewed will be provided ahead of time

## Tips and Best Practices

### General tips and information that can be applied to most HEDIS measures:

1. Use your member roster to contact patients who are due for an exam or are new to your practice
2. Take advantage of this guide, coding information, and the on-line resources that can assist the practice with HEDIS measure understanding, compliance, and requirements
3. Use your Gaps in Care member list to outreach to patients in need of services/procedures.
4. You can provide evidence of completed HEDIS services and attach the supporting chart documentation by contacting the Quality Management department.
5. Schedule the members' next well-visit at the end of the current appointment
6. Assign a staff member at the office knowledgeable about HEDIS to perform internal reviews and serve as a point of contact with plans and their respective Quality Management staff.
7. Set up your Electronic Health Records (EHRs) so that the HEDIS alerts and flags to alert office personnel of patients in need of HEDIS services.

## HIPAA

Under the Health Information Portability and Accountability Act (HIPAA) Privacy Rule, data collection for HEDIS is permitted, and the release of this information requires no special patient consent or authorization. Please be assured our members' personal health information is maintained in accordance with all federal and state laws. HEDIS results are reported collectively without individual identifiers or outcomes. All of the health plans' contracted providers' records are protected by these laws.

1. HEDIS data collection and release of information is permitted under HIPAA since the disclosure is part of quality assessment and improvement activities
2. The records you provide us during this process helps us to validate the quality of care our members received

## Importance of Documentation

### Principles of the medical record and proper documentation:

1. Enable physician and other healthcare professionals to evaluate a patient's healthcare needs and assess the efficacy of the treatment plan
2. Serves as the legal document to verify the care rendered and date of service
3. Ensure date of care rendered is present and all documents are legible
4. Serves as communication tool among providers and other healthcare professionals involved in the patient's care for improved continuity of care
5. Facilitates timely claim adjudication and payment
7. Appropriately documented medical record can reduce many of the 'hassles' associated with claims processing and HEDIS chart requests
8. ICD-10 and CPT codes reported on billing statements should be supported by the documentation in the medical record

### Common reasons members with PCP visits continue to need recommended services/procedures:

1. Missing or lack of all required documentation components
2. Service provided without claim/encounter data submitted
3. Lack of referral to obtain the recommended service (i.e. diabetic member eye exam to check for retinopathy)
4. Service provided but outside of the required time frame or anchor date (i.e. Lead screening performed after age 2)
5. Incomplete services (i.e. No documentation of anticipatory guidance during a well visit for the adolescent well child measure)
6. Failure to document or code exclusion criteria for a measure

Look for the 'Common Chart Deficiencies and Tips' sections for guidance with some of the more challenging HEDIS measures

# ABA Adult BMI Assessment

## Measure Definition:

The percentage of members 18–74 years of age who had an outpatient visit and whose body mass index (BMI) was documented in 2016 or 2017.

For members 20 years of age or older on the date of service, BMI in 2016 or 2017

For members younger than 20 years of age on the date of service, BMI percentile in 2016 or 2017. Chart documentation should include height, weight and BMI percentile (as a value e.g. 85th or plotted on a growth chart). Documentation of ranges or thresholds do not meet criteria for this indicator.

### Common Chart Deficiencies and Tips:

1. Common deficiency: Height and weight documented but no documentation of the BMI
2. ICD-10 Z68 codes can be used to make a member compliant without chart review.
3. ICD-9 codes should not be used for services in 2016

## Billing Reference

Description	ICD-10
BMI	Z68.1, Z68.20-Z68.29, Z68.30-Z68.39, Z68.41-Z68.45
BMI Percentile	Z68.51-Z68.54

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## AMR Asthma Medication Ratio

### Measure Definition:

The percentage of members 5-64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the year.

Mepolizumab and Reslizumab have been in added to the controller medication list for H2018.

### Common Chart Deficiencies and Tips:

1. Perform a thorough review of medications at each visit to ensure that prescribed controller medication is being utilized
2. Provide medication compliance education

### Billing Reference

Description	ICD-10 CM
Asthma	J45.20-J45.22, J45.30-J45.32, J45.40-J45.42, J45.50-J45.52, J45.901-J45.902, J45.909, J45.990-J45.991, J45.998

**Members with any of these diagnoses, anytime in their history are excluded from this measure:**

**Acute Respiratory Failure, Chronic Respiratory Conditions Due to Fumes/Vapors, COPD, Cystic Fibrosis, Emphysema, Obstructive Chronic Bronchitis, or Other Emphysema**

**Also excluded are any members who had no asthma medications (controller or reliever) dispensed during the measurement year.**

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# ART Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis

## Measure Definition:

The percentage of members who were diagnosed with rheumatoid arthritis and who were dispensed at least one ambulatory prescription for a disease-modifying anti-rheumatic drug (DMARD) in 2017.

## Billing Reference

Description	ICD-10 CM
Rheumatoid Arthritis	M05.00-M06.9

## DMARD Medications

Description	Prescriptions	HCPCS J
5-Aminosalicylates	Sulfasalazine	
Alkylating agents	Cyclophosphamide	
Aminoquinolines	Hydroxychloroquine	
Anti-rheumatics	Auranofin Gold sodium thiomalate Leflunomide	Methotrexate Penicillamine J1600, J9250, J9260
Immunomodulators	Abatacept Adalimumab Anakinra Certolizumab Certolizumab pegol	Etanercept Golimumab Infliximab Rituximab Tocilizumab J0129, J0135, J0717, J1438, J1602, J1745, J3262, J9310
Immunosuppressive agents	Azathioprine Cyclosporine	Mycophenolate J7502, J7515, J7516, J7517, J7518
Janus kinase (JAK) Inhibitor	Tofacitinib	
Tetracyclines	Minocycline	

## Measure Exclusion Criteria:

A diagnosis of HIV any time during the member's history through December 31, 2017 OR a diagnosis of pregnancy in 2017.

## Codes to Identify Exclusions

Description	ICD-10 CM
HIV	B20, Z21
HIV Type 2	B97.35
Pregnancy	O00.0-O9A53, Z03.71-Z36

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## AWC Adolescent Well-Care Visits

### Measure Definition:

The percentage of enrolled members 12–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during 2017.

The comprehensive well care must visit include:

- Health and developmental history (physical and mental)
- Complete physical exam
- Health education/anticipatory guidance (documented and age appropriate)

### Common Chart Deficiencies and Tips:

1. Missing or undocumented anticipatory guidance
2. Sick visit in calendar year without well-child visit
3. Turn a sick visit into a well-child visit
4. Schedule next visit at end of each appointment
5. Educate parent/guardian on importance of annual well visit

### Billing Reference

Description	CPT	HCPCS	ICD-10 CM
Office Visit	99383-99385, 99393-99395	G0438, G0439	Z00.00-Z00.129, Z00.5, Z00.8, Z02.0-Z02.9

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## BCS Breast Cancer Screening

### Measure Definition:

The percentage of women who are 52–74 years of age in 2017 and who had a mammogram to screen for breast cancer from October 2015 through December 31, 2017.

### Billing Reference

Description	CPT	HCPCS	UB Revenue
Breast Cancer Screening	77055-77057, 77061-77067	G0202, G0204, G0206	0401, 0403

### Measure Exclusion Criteria:

A female who had the following: Bilateral mastectomy, unilateral mastectomy with bilateral modifier, two unilateral mastectomies, or unilateral mastectomy with right/left side modifier on or before December 31, 2016.

Exclusion Description	ICD-10 CM	ICD-10 PCS
Bilateral Mastectomy		OHTV0ZZ
Hx. Bilateral Mastectomy	Z90.13	

#### Unilateral Mastectomy with Bilateral Modifier

Exclusion Description	CPT
Unilateral Mastectomy	19180, 19200, 19220, 19240, 19303-19307

WITH bilateral modifier 50 or 9950

#### Two Unilateral Mastectomy More Than 14 days Apart

Unilateral Mastectomy	19180, 19200, 19220, 19240, 19303-19307
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#### Unilateral Mastectomy with Right/Left Side Modifier

Unilateral Mastectomy	19180, 19200, 19220, 19240, 19303-19307
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WITH LT (left) or RT (right) modifier

#### Both of the following (on the same or a different dates of service)

Exclusion Description	ICD-10 CM			
Unilateral Mastectomy	Left	OHTU0ZZ	Right	OHTT0ZZ
Absence of Breast	Left	Z90.12	Right	Z90.11

### Additional Exclusion Criteria

Excluded from Medicare reporting members 65 years of age and older as of January 1st of the measurement year who meet either of the following:

- Enrolled in an Institutional SNP (I-SNP) any time during the measurement year
- Living long-term in an institution any time during the measurement year as identified by the LTI flag in the Medicare Part C monthly membership file.

## CBP Controlling High Blood Pressure\*

### Measure Definition:

The percentage of members 18–85 years of age who had a diagnosis of hypertension (HTN) in the first six months of 2017 and whose BP was adequately controlled based on the following criteria:

- Members 18–59 years of age whose BP was <140/90 mm Hg.
- Members 60–85 years of age with a diagnosis of diabetes whose BP was <140/90 mm Hg.
- Members 60–85 years of age without a diagnosis of diabetes whose BP was <150/90 mm Hg.

**\*NOTE:** *This measure was selected for informational purposes only. The goal is to provide you with a list of members diagnosed with hypertension. Since blood pressure values can only be obtained from the medical record for this measure (per HEDIS guidelines), your rate for this measure will always be zero.*

### Common Chart Deficiencies and Tips:

1. Retake the blood pressure if elevated - HEDIS accepts lowest BP taken at the visit
2. Ensure that the BP cuff is the correct size for patient's arm
3. Stress the importance of medication compliance at every visit

### Billing Reference

Description	ICD-10 CM
Essential Hypertension	I10

## CBP Controlling High Blood Pressure Exclusion Criteria

Exclude from the eligible population all members with evidence of end-stage renal disease (ESRD) or kidney transplant on or prior to December 31, 2017 or a diagnosis of pregnancy in 2017.

Exclusion Description	CPT	ICD-10 PCS	UB Revenue	HCPCS
Evidence of ESRD	36147, 36800, 36810, 36815, 36818-36821, 36831-36833, 90935, 90837, 90940, 90945, 90947, 90951-90970, 90989, 90993, 90997, 90999, 99512	3E1M39Z, 5A1D00Z, 5A1D60Z	0800-0804, 0809, 0820-0825, 0829-0835, 0839-0845, 0849-0855, 0859, 0880-0882, 0889	S9339, G0257
		ICD-10 CM	UB Type of Bill	POS
		N18.5, N18.6, Z91.15, Z99.2	0720-0728, 072A-072K, 072M, 072O, 072X-072Z	65
ESRD Obsolete	CPT		HCPCS	
	36145, 90919-90925		G0309-G0319, G0921-G0323, G0325-G0327, G0392-G0393	
Kidney Transplant	CPT	ICD-10 PCS	UB Revenue	HCPCS
	50300, 50320, 50340, 50360, 50365, 50370, 50380	0TY00Z0- 0TY00Z2, 0TY10Z0- 0TY10Z2	367	S2065
		ICD-10 CM		
	Z94.0			

Description	ICD-10 CM
Pregnancy	O00.0-O9A53, Z03.71-Z36

## Additional Exclusion Criteria

Excluded from Medicare reporting members 65 years of age and older as of January 1st of the measurement year who meet either of the following:

- Enrolled in an Institutional SNP (I-SNP) any time during the measurement year
- Living long-term in an institution any time during the measurement year as identified by the LTI flag in the Medicare Part C monthly membership file.

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## CCS Cervical Cancer Screening

### Measure Definition:

The percentage of women 21–64 years of age who were screened for cervical cancer using either of the following criteria:

Women age 21–64 who had cervical cytology performed in 2015, 2016, or 2017.

Women age 30–64 who had cervical cytology/human papillomavirus (HPV) co-testing performed between 2013 and 2017.

### Common Chart Deficiencies and Tips:

1. Documentation of hysterectomy must include words such as 'complete', 'total', or 'radical'
2. Documentation of hysterectomy alone does not meet guidelines because it does

### Billing Reference

Description	CPT	HCPCS	UB
Cervical Cancer Screening	88141-88143, 88147, 88148, 88150, 88152-88154, 88164-88167, 88174, 88175	G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091	0923
HPV Tests	87620 - 87622, 87624-87625	G0476	

### Measure Exclusion Criteria:

A female who had a hysterectomy with no residual cervix on or before December 31, 2017.

Exclusion Description	CPT	ICD-10 PCS	ICD-10 CM
Absence of Cervix	51925, 56308, 57540, 57545, 57550, 57555, 57556, 58150, 58152, 58200, 58210, 58240, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58285, 58290-58294, 58548, 58550, 58552-58554, 58570-58573, 58951, 58953, 58954, 58956, 59135	OUTC0ZZ, OUTC4ZZ, OUTC7ZZ, OUTC8ZZ	Q51.5, Z90.710, Z90.712

## CDC Comprehensive Diabetes Care - HbA1c Testing

### Measure Definition:

Members 18 to 75 years of age with diabetes (type 1 and type 2) who had an HbA1c test in 2017.

#### Common Chart Deficiencies and Tips:

1. Failure to order lab tests or lab results not documented in chart
2. Lab values show poor control

### Billing Reference

Description	ICD-10 CM	
Diabetes	E10.10-E13.9, O24.011-O24.33, O24.811-O24.83	
Diabetes Without Complications	E10.9, E11.9, E13.9	
Description	CPT	
HbA1c Screening	83036, 83037	
Description	Lab Result	CPT II
HbA1c Result	<7%	3044F
	7.0% - 9.0%	3045F
	>9.0%	3046F

### Measure Exclusion Criteria:

Identify members who do not have a diagnosis of diabetes, in any setting, during 2016 or 2017 and who meet either of the following criteria:

A diagnosis of gestational diabetes or steroid-induced diabetes, in any setting, during 2016 or 2017, with no encounters in any setting with a diagnosis of diabetes.

Exclusion Description	ICD-10 CM
Diabetes Exclusions	E08.00-E09.9, O24.410-O24.439, O24.911-O24.93

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## CDC Comprehensive Diabetes Care - Medical Attention for Nephropathy

### Measure Definition:

Members 18 to 75 years of age with diabetes (type 1 and type 2) who received medical attention for nephropathy in 2017 through one of the following:

- A screening or monitoring test (urine protein test)
- Evidence of treatment for nephropathy or ACE/ARB therapy
- Evidence of stage 4 chronic kidney disease, ESRD or kidney transplant
- Visit with a nephrologist

### Common Chart Deficiencies and Tips:

1. Failure to order lab tests for Nephropathy screening
2. Failure to document monitoring for nephropathy
3. Incomplete or missing information from specialists who may be monitoring nephropathy

### Billing Reference

Description	ICD-10 CM
Diabetes	E10.10-E13.9, O24.011-O24.33, O24.811-O24.83
Diabetes Without Complications	E10.9, E11.9, E13.9



Medical Attention for Nephropathy						
Description	CPT			CPT II		
Urine Protein Tests	81000-81003, 81005, 82042-82044, 84156			3060F, 3061F, 3062F		
Description	CPT II	ICD-10 CM				
Treatment for Nephropathy	3066F, 4010-F	E08.21-E08.29, E09.21-E09.29, E10.21-E10.29, E11.21-E11.29, E13.21-E13.29, I12.0-I13.2, I15.0-I15.1, N00.0-N07.1, N14.0-N14.4, N17.0-N19, N25.0-N26.9, Q60.0-Q61.9, R80.0-R80.9				
CDC Medical Attention for Nephropathy continued						
Medical Attention for Nephropathy						
Description	ICD-10 CM			ICD-10 PCS		
ESRD	N18.5, N18.6, Z91.15, Z99.2			3E1M39Z, 5A1D00Z, 5A1D60Z		
	CPT	POS	HCPCS	UB Rev	UB Type of Bill	
	36147, 36800, 36810, 36815, 36818-36821, 36831-36833, 90935, 90937, 90940, 90945, 90947, 90951-90970, 90989, 90993, 90997, 90999, 99512	65	S9339, G0257	800-804, 809, 820-825, 829-835, 839-845, 849-855, 859, 880-882, 889	0720-0728, 072A-072K, 072M, 072O, 072X-072Z	
ESRD Obsolete	CPT		HCPCS			
	36145, 90919-90925		G0309-G0319, G0921-G0323, G0325-G0327, G0392-G0393			
Kidney Transplant	CPT		ICD-10 CM	ICD-10 PCS	UB Rev	HCPCS
	50300, 50320, 50340, 50360, 50365, 50370, 50380		Z94.0	0TY00Z0- 0TY00Z2, 0TY10Z0- 0TY10Z2	367	S2065
Description	ICD-10 CM					
Stage 4 Chronic Kidney Disease	N18.4					

**CDC Medical Attention for Nephropathy continued**

**Medical Attention for Nephropathy**

<b>Description</b>	<b>ACE Inhibitors/ARBs</b>	
<b>Angiotensin converting enzyme inhibitors</b>	Benazepril	Moexipril
	Captopril	Perindopril
	Enalapril	Quinapril
	Fosinopril	Ramipril
	Lisinopril	Trandolapril
<b>Angiotensin II inhibitors</b>	Azilsartan	Losartan
	Candesartan	Olmesartan
	Eprosartan	Telmisartan
	Irbesartan	Valsartan
<b>Anti-Hypertensive Combinations</b>	Aliskiren-valsartan	Eprosartan-hydrochlorothiazide
	Amlodipine-benazepril	Fosinopril-hydrochlorothiazide
	Amlodipine-hydrochlorothiazide-valsartan	Hydrochlorothiazide-irbesartan
	Amlodipine-hydrochlorothiazide-olmesartan	Hydrochlorothiazide-lisinopril
	Amlodipine-olmesartan	Hydrochlorothiazide-losartan
	Amlodipine-perindopril	Hydrochlorothiazide-moexipril
	Amlodipine-telmisartan	Hydrochlorothiazide-olmesartan
	Amlodipine-valsartan	Hydrochlorothiazide-quinapril
	Azilsartan-chlorthalidone	Hydrochlorothiazide-telmisartan
	Benazepril-hydrochlorothiazide	Hydrochlorothiazide-valsartan
	Candesartan-hydrochlorothiazide	Sacubitril-valsartan
	Captopril-hydrochlorothiazide	Trandolapril-verapamil
Enalapril-hydrochlorothiazide		

**Measure Exclusion Criteria:**

Identify members who do not have a diagnosis of diabetes, in any setting, during 2016 or 2017 and who meet either of the following criteria:

A diagnosis of gestational diabetes or steroid-induced diabetes, in any setting, during 2016 or 2017 with no encounters in any setting with a diagnosis of diabetes

<b>Exclusion Description</b>	<b>ICD-10 CM</b>
<b>Diabetes Exclusions</b>	<b>E08.00-E09.9, O24.410-O24.439, O24.911-O24.93</b>

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## CDC Comprehensive Diabetes Care - Blood Pressure Less Than 140/90

### Measure Definition:

Members 18 to 75 years of age with diabetes (type 1 and type 2) whose last blood pressure in 2017 was less than 140/90.

#### Tips:

1. CPT II codes for BP values are accepted for this measure
2. Retake blood pressure during the visit if it is initially elevated
3. Ensure that the BP cuff is the correct size for the patient's arm

### Billing Reference

Description	ICD-10 CM
Diabetes	E10.10-E13.9, O24.011-O24.33, O24.811-O24.83
Diabetes Without Complications	E10.9, E11.9, E13.9

### CPT II Codes to Identify Systolic and Diastolic BP Levels <140/90

Description	CPT II
Systolic <130	3074F
Systolic 130-139	3075F
Systolic > or = 140	3077F
Diastolic 80-89	3079F
Diastolic <80	3078F
Diastolic > or = 90	3080F

### Measure Exclusion Criteria:

Identify members who do not have a diagnosis of diabetes, in any setting, during 2016 or 2017 and who meet either of the following criteria:

A diagnosis of gestational diabetes or steroid-induced diabetes, in any setting, during 2016 or 2017, with no encounters in any setting with a diagnosis of diabetes.

Exclusion Description	ICD-10 CM
Diabetes Exclusions	E08.00-E09.9, O24.410-O24.439, O24.911-O24.93

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## CHL Chlamydia Screening in Women

### Measure Definition:

The percentage of women 16–24 years of age who were identified as sexually active and who had at least one test for chlamydia in 2017.

### Billing Reference

Description	CPT
Chlamydia Test	87110, 87270, 87320, 87490-87492, 87810

### Measure Exclusion Criteria:

**Exclusion:** Exclude female members who qualified for the denominator based on a pregnancy test alone and who meet either of the following:

A pregnancy test in 2017 followed within seven days (inclusive) by a prescription for isotretinoin.

A pregnancy test in 2017 followed within seven days (inclusive) by an x-ray.

Exclusion Description	CPT	UB Revenue
Pregnancy Test Exclusion	81025, 84702, 84703	925

### WITH

Exclusion Description	CPT	UB Revenue
Diagnostic Radiology	70010-76499	0320-0324, 329

### OR

Retinoid	Isotretinoin Prescription

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## CIS Childhood Immunization Status

### Measure Definition:

The percentage of children 2 years of age who had:

4 diphtheria, tetanus and acellular pertussis (DTaP), 3 polio (IPV), 1 measles, mumps and rubella (MMR), 3 haemophilus influenza type B (HiB), 3 hepatitis B (Hep B), 1 chicken pox (VZV), 4 pneumococcal conjugate (PCV), 1 hepatitis A (HepA), 2 or 3 rotavirus (RV) and 2 influenza (flu) by their second birthday.

The measure calculates a rate for each vaccine and nine separate combination rates.

### Common Chart Deficiencies and Tips:

1. Vaccinations for DTaP, IPV, HiB, or PCV given before 42 days after birth date do not count towards vaccine compliance
2. Participate in State Immunization registries, where available
3. Devote time during each visit to review immunization record and look for opportunities to catch-up on missing immunizations
4. Document date of first hepatitis B vaccination if given at hospital and note the hospital
5. If available, record date and immunization(s) provided at the health

### Billing Reference

Immunization Description	# in Series	CPT	CVX
DTaP	4	90698, 90700, 90721, 90723	20, 50, 106, 107, 110, 120
IPV	3	90698, 90713, 90723	10, 89, 110, 120
MMR	1	90707, 90710	03, 94
<b>Any Combination of the following to satisfy recommendation of 1 MMR</b>			
Measles Only	1	90705	05
Mumps Only	1	90704	07
Rubella Only	1	90706	06
Measles and Rubella	1	90708	04

### CIS Billing Reference continued

Description	# in Series	CPT	HCPCS	CVX
Hib	3	90644-90648, 90698, 90721, 90748		17, 46-51, 120, 148
Hepatitis B	3	90723, 90740, 90744, 90747, 90748	G0010	08, 44, 45, 51, 110
VZV	1	90710, 90716		21, 94
Pneumococcal Conjugate	4	90669, 90670	G0009	100, 133, 152
Hepatitis A	1	90633		31, 83, 85
<b>Rotavirus 2-dose or 3-dose vaccinations satisfy Rotavirus recommendations.</b>				
Rotavirus 2-dose	2	90681		119
Rotavirus 3-dose	3	90680		116, 122
Influenza	2	90655, 90657, 90661, 90662, 90673, 90685-90688	G0008	88, 135, 140, 141, 150, 153, 155, 158, 161

### ICD-10 CM Codes for Illnesses

Hepatitis A	B15.0, B15.9
Hepatitis B	B16.0-B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11, Z22.51
Measles	B05.0-B05.4, B05.81, B05.89, B05.9
Mumps	B26.0-B26.3, B26.81-B26.85, B26.89-B26.9
Rubella	B06.00-B06.02, B06.09, B06.81-B06.82, B06.89, B06.9
Varicella Zoster	B01.0, B01.11-B01.2, B01.81-B01.9, B02.0, B02.1, B02.21-B02.29, B02.30-B02.39, B02.7-B02.9

## CIS Measure Exclusion Criteria:

**Exclusion:** Exclude children who had a contraindication for a specific vaccine.

Exclusion Description	ICD-10 CM
Any particular vaccine - Anaphylactic Reaction	T80.52XA, T80.52XD, T80.52XS
DTaP - Encephalopathy with Adverse-Effect	G04.32
	WITH
	T50.A15A, T50.A15D, T50.A15S
MRR, VZV and Influenza - Immunodeficiency, Lymphoreticular cancer, multiple myeloma or leukemia, or HIV	D80.0-D81.2, D81.4, D81.6-D82.4, D82.8- D83.2, D83.8-D84.1, D84.8-D84.9, D89.3, D89.810-D89.82, D89.89, D89.9, B20, Z21, B97.35, C81.00-C86.6, C88.2-C94.32, C94.80-C96.Z
Rotavirus - Severe combined immunodeficiency or a history of intussusception	D81.0-D81.2, D81.9, K56.1
Exclusion Description	General Exclusion Criteria
MRR, VZV and Influenza	Anaphylactic reaction to neomycin
IPV	Anaphylactic reaction to streptomycin, polymyxin B, or neomycin
Hepatitis B	Anaphylactic reaction to common baker's yeast

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## COA Care for Older Adults

### Measure Definition:

The percentage of adults 66 years and older who had each of the following in 2017:

- Advance care planning.
- Medication review.
- Functional status assessment.
- Pain assessment.

#### Common Chart Deficiencies and Tips

Advance Care Planning - document discussion and/or presence of advance directive or living will in chart

Medication Review - Medication list in chart and medication review by prescribing provider annually

Functional Status Assessment - address cognitive and ambulation status, sensory ability, and functional independence.

Pain Assessment - documentation of pain screening or pain management

### Billing Reference

Description	CPT	HCPCS	CPT Category II
Advance Care Planning	99497	S0257	1123F, 1124F, 1157F, 1158F
Medication List		G8427	1159F
With one of the following Medication Review codes on the same claim:			
Medication Review	90863, 99605, 99606,		1160F
Transitional Care Management Codes alone meet Medication Review compliance	99495, 99496		
Functional Status Assessment			1170F
Pain Assessment			1125F, 1126F

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## COL Colorectal Cancer Screening

### Measure Definition:

The percentage of members 50–75 years of age who had appropriate screening for colorectal cancer by December 31, 2017.

#### Tips:

1. A fecal occult test done in the office via a digital rectal exam does not count

### Billing Reference

Description	CPT	HCPCS
Fecal occult blood test (gFOBT - 3 samples- or iFOBT in 2017)	82270, 82274	G0328
FIT-DNA test (between 2015 and 2017)	81528	G0464
Flexible Sigmoidoscopy (between 2013 and 2017)	45330-45335, 45337-45342, 45345-45347, 45349-45350	G0104
Colonoscopy (between 2008 and 2017)	44388-44394, 44397, 44401-44408, 45355, 45378-45393, 45398	G0105, G0121
CT Colonography (between 2013 and 2017)	74261-74263	

### Measure Exclusion Criteria:

Evidence of Colorectal Cancer or Total Colectomy through December 31, 2017.

Exclusion Description	ICD-10 CM
Colorectal Cancer	C18.0-C18.9, C19, C20, C21.2, C21.8, C78.5, Z85.038, Z85.048
	CPT ICD-10 PCS
Total Colectomy	44150-44153, 44155-44158, 44210-44212, 0DTE0ZZ, 0DTE4ZZ, 0DTE7ZZ, 0DTE8ZZ

### Additional Exclusion Criteria

Excluded from Medicare reporting members 65 years of age and older as of January 1st of the measurement year who meet either of the following:

- Enrolled in an Institutional SNP (I-SNP) any time during the measurement year
- Living long-term in an institution any time during the measurement year as identified by the LTI flag in the Medicare Part C monthly membership file.

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# IMA Immunizations for Adolescents

## Measure Definition:

The percentage of adolescents turning 13 years of age in 2017 who received one dose of meningococcal conjugate vaccine, one tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) and completed the human papillomavirus (HPV) vaccine series by their 13th birthday.

The measure calculates a rate for each vaccine and two combination rates:

- Tdap and Meningococcal conjugate
- Tdap, Meningococcal conjugate and HPV

### Common Chart Deficiencies and Tips:

1. Participate in State Immunization registries, where available
2. Devote time during each visit to review immunization record and look for opportunities to catch-up on missing immunizations
3. If available, record date and immunization(s) provided at the health department in the medical record
4. Educate teens and parents/guardians about the importance of these

**Meningococcal Vaccine** - administered between the 11th and 13th birthday

**Tdap Vaccine** - administered between the 10th and 13th birthday

**HPV** - two HPV vaccines between the 9th and 13th birthday with at least 146 days between the doses OR three doses with different dates of service between the 9th and 13th birthday.

## Billing Reference

Description	CPT	CVX
Tdap	90715	115
Meningococcal	90734	108, 136, 147
Human Papillomavirus	90649, 90650, 90651	62, 118, 137, 165

## Measure Exclusion Criteria:

**Exclusion:** Exclude children who had a contraindication for a specific vaccine.

Exclusion Description	ICD-10 CM
Anaphylactic Reaction	T80.52XA, T80.52XD, T80.52XS

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## LSC Lead Screening in Children

### Measure Definition:

The percentage of children turning 2 years of age in 2017 who had one or more capillary or venous lead blood test for lead poisoning by their second birthday.

### Common Chart Deficiencies and Tips:

1. Lead screening is considered late if performed after the child turns 2 years of age
2. A lead risk assessment does not satisfy the venous blood lead requirement for Medicaid members regardless of the risk score
3. Options exist for in-office lead testing, including blood lead analyzer and MedTox filter paper testing

### Billing Reference

Description	CPT
Lead Tests	83655

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# MMA Medication Management for People With Asthma

## Measure Definition:

The percentage of members 5–64 years of age in 2017 who were identified as having persistent asthma and were dispensed appropriate medications that they remained on during the treatment period. Two rates are reported:

1. The percentage of members who remained on an asthma controller medication for at least 50% of their treatment period.
2. The percentage of members who remained on an asthma controller medication for at least 75% of their treatment period.

## Billing Reference

Description	ICD-10 CM
Asthma	J45.20-J45.22, J45.30-J45.32, J45.40-J45.42, J45.50-J45.52, J45.901-J45.902, J45.909, J45.990-J45.991, J45.998

## Asthma Controller Medications

Description	Prescriptions
Antiasthmatic Combinations	<ul style="list-style-type: none"> <li>• Dyphylline-guaifenesin</li> <li>• Guaifenesin-theophylline</li> </ul>
Antibody Inhibitor	<ul style="list-style-type: none"> <li>• Omalizumab</li> </ul>
Anti-interleukin-5	<ul style="list-style-type: none"> <li>• Mepolizumab</li> <li>• Reslizumab</li> </ul>
Inhaled Steroid Combinations	<ul style="list-style-type: none"> <li>• Budesonide-formoterol</li> <li>• Mometasone-formoterol</li> <li>• Fluticasone-salmeterol</li> <li>• Fluticasone-vilanterol</li> </ul>
Inhaled Corticosteroids	<ul style="list-style-type: none"> <li>• Beclomethasone</li> <li>• Budesonide</li> <li>• Ciclesonide</li> <li>• Flunisolide</li> <li>• Fluticasone CFC free</li> <li>• Mometasone</li> </ul>
Leukotriene Modifiers	<ul style="list-style-type: none"> <li>• Montelukast</li> <li>• Zafirlukast</li> <li>• Zileuton</li> </ul>
Mast Cell Stabilizers	<ul style="list-style-type: none"> <li>• Cromolyn</li> </ul>
Methylxanthines	<ul style="list-style-type: none"> <li>• Aminophylline</li> <li>• Dyphylline</li> <li>• Theophylline</li> </ul>

**Members with any of these diagnoses, anytime in their history are excluded from this measure:**

Acute Respiratory Failure, Chronic Respiratory Conditions Due to Fumes/Vapors, COPD, Cystic Fibrosis, Emphysema, Obstructive Chronic Bronchitis, or Other Emphysema

Also excluded are any members who had no asthma controller medications dispensed during the measurement year.

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# OMW Osteoporosis Management in Women Who Had a Fracture

## Measure Definition:

The percentage of women 67–85 years of age who suffered a fracture and who had either a bone mineral density (BMD) test or prescription for a drug to treat osteoporosis in the six months after the fracture.

## Billing Reference

Description	CPT	HCPCS	ICD-10 PCS
Bone Mineral Density Test	76977, 77078, 77080-77082, 77085-77086	G0130	BP48ZZ1, BP49ZZ1, BP4GZZ1, BP4HZZ1, BP4LZZ1, BP4MZZ1, BP4NZZ1, BP4PZZ1, BQ00ZZ1, BQ01ZZ1, BQ03ZZ1, BQ04ZZ1, BR00ZZ1, BR07ZZ1, BR09ZZ1, BR0GZZ1

## FDA-Approved Osteoporosis Therapies

Description	Prescriptions	HCPCS J
Biphosphonates	Alendronate Alendronate-cholecalciferol Ibandronate	Risedronate Zoledronic acid
Other agents	Calcitonin Denosumab	Raloxifene Teriparatide
		J1740, J3487, J3488, J3489, Q2051 J0630, J0897, J3110

## Additional Exclusion Criteria

Excluded from Medicare reporting members 65 years of age and older as of January 1st of the measurement year who meet either of the following:

- Enrolled in an Institutional SNP (I-SNP) any time during the measurement year
- Living long-term in an institution any time during the measurement year as identified by the LTI flag in the Medicare Part C monthly membership file.

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# PBH Persistence of Beta-Blocker Treatment After a Heart Attack

## Measure Definition:

The percentage of members 18 years of age and older in 2017 who were hospitalized and discharged from July 1, 2016 to June 30, 2017 with a diagnosis of AMI and who received persistent beta-blocker treatment for six months after discharge.

## Billing Reference

Description	ICD-10 CM
AMI	I21.01-I21.02, I21.09, I21.11, I21.19, I21.21, I21.29, I21.3, I21.4

## Beta-Blocker Medications

Description	Prescriptions	
Noncardioselective beta-blockers	Carvedilol	Pindolol
	Labetalol	Propranolol
	Nadolol	Timolol
	Penbutolol	Sotalol
Cardioselective beta-blockers	Acebutolol	Bisoprolol
	Atenolol	Metoprolol
	Betaxolol	Nebivolol
Antihypertensive combinations	Atenolol-chlorthalidone	Hydrochlorothiazide-metoprolol
	Bendroflumethiazide-nadolol	Hydrochlorothiazide-propranolol
	Bisoprolol-hydrochlorothiazide	

## Measure Exclusion Criteria:

Patients identified as having an intolerance or allergy to beta-blocker therapy. Any of the following anytime during the member's history through 179 days after discharge:

**Members with any of these diagnoses, anytime in their history are excluded from this measure:**

**History of Asthma, Chronic Respiratory Conditions Due to Fumes/Vapors, COPD, Obstructive Chronic Bronchitis, Hypotension, Heart Block >1st degree, Sinus bradycardia, a medication dispensing event indicative of a history of asthma.**

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## PSA Non-Recommended PSA-Based Screening in Older Men

### Measure Definition:

The percentage of men 70 years and older who were screened unnecessarily for prostate cancer using prostate-specific antigen (PSA)-based screening.

### Billing Reference

#### Exclusions

Description	ICD-10 CM	
Prostate Cancer	C61, D07.5, D40.0, Z15.03, Z85.46	
Prostate Dysplasia	N42.3-N42.32, N42.39	
Description	CPT	HCPCS
A PSA test during the year prior to the measurement year, where laboratory data indicate an elevated result (>4.0 ng/mL)	84153	G0103

Dispensed a prescription for a 5-alpha reductase inhibitor (Finasteride or Dutasteride) during the measurement year.

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## SPC Statin Therapy for Patients with Cardiovascular Disease

### Measure Definition:

The percentage of males 21-75 years of age and females 40-75 years of age during the measurement year, who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and met the following criteria. The following rates are reported:

reported:

1. *Received Statin Therapy*. Members who were dispensed at least one high-intensity or moderate-intensity statin medication during the measurement year.
2. *Statin Adherence 80%*. Members who remained on a high-intensity or moderate-intensity statin medication for at least 80% of the treatment period.

### Common Chart Deficiencies and Tips:

1. Review medication list at every visit.
2. Educate patients about the importance of the of medication compliance.

### Diagnosis

Members are identified for this measure by event or diagnosis.

**Events:** Any of the following during the year prior to the measurement year:

Discharged

from an inpatient setting with an MI diagnosis, CABG, PCI or other revascularization procedures.

**Diagnosis:** Members identified as having ischemic vascular disease during at least one OP visit or one IP encounter, during the measurement year and the year prior to the measurement year.

Exclusions	ICD-10 CM/PCS
ESRD	N18.5, N18.6, Z91.15, Z99.2, 3E1M39Z, 5A1D00Z, 5A1D60Z
Cirrhosis	K70.30, K70.31, K71.7, K74.3 - K74.5, K74.60, K74.69, P78.81
Myalgia, myopathy, myositis or rhabdomyolysis	G72.0, G72.2, G72.9, M62.82, M79.1
Pregnancy during the measure year or year prior	
In vitro fertilization in the measurement year or the year prior	
Dispensed a prescription for Clomiphene during the measurement year or the year prior	

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### High and Moderate-Intensity Statin Medications

High-intensity statin therapy	Atorvastatin 40-80 mg	Rosuvastatin 20-40 mg
	Amlodipine-atorvastatin 40-80 mg	Simvastatin 80 mg
	Ezetimibe-atorvastatin 40-80 mg	Ezetimibe-simvastatin 80 mg
Moderate-intensity statin therapy	Atorvastatin 10-20 mg	Sitagliptin-simvastatin 20-40 mg
	Amlodipine-atorvastatin 10-20 mg	Pravastatin 40-80 mg
	Ezetimibe-atorvastatin 10-20 mg	Lovastatin 40 mg
	Rosuvastatin 5-10 mg	Niacin-lovastatin 40 mg
	Simvastatin 20-40 mg	Fluvastatin XL 80 mg
	Ezetimibe-simvastatin 20-40 mg	Fluvastatin 40 mg bid
	Niacin-simvastatin 20-40 mg	Pitavastatin 2-4 mg



## SPD Statin Therapy for Patients With Diabetes

### Measure Definition:

The percentage of members 40-75 years of age during the measurement year with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD) who met the following criteria. Two rates are reported:

1. **Received Statin Therapy** . Members who were dispensed at least one statin medication of any intensity during the measurement year.
2. **Statin Adherence 80%** . Members who remained on statin medication of any intensity for at least 80% of the treatment period.

### Common Chart Deficiencies and Tips:

1. Review medication list at every visit .
2. Educate patients about the importance of medication

### Diagnosis

Members are identified for this measure claims/encounter data and pharmacy data. The members must have at least 2 outpatient visits or 1 acute inpatient encounter with the diagnosis of diabetes in the measurement year or the year prior. Or the member was dispensed insulin or hypoglycemics/antihyperglycemics on an ambulatory basis during the measurement year or the year prior.

### Time Frame

### Exclusion Criteria

During the measurement year OR year prior to the measurement year: Diagnosis of MI, CABG, PCI, other revascular procedure, Pregnancy, IVF, ESRD, Cirrhosis, Myalgia, Myositis, Myopathy or Rhabdomyolysis. Dispensed at least one Rx for Clomophene

In both the measurement year AND the year prior to the measurement year : IVD

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### Statin Medications

High-intensity statin therapy	Atorvastatin 40-80 mg	Rosuvastatin 20-40 mg
	Amlodipine-atorvastatin 40-80 mg	Simvastatin 80 mg
	Ezetimibe-atorvastatin 40-80 mg	Ezetimibe-simvastatin 80 mg
	Atorvastatin 10-20 mg	Sitagliptin-simvastatin 20-40 mg
Moderate-intensity statin therapy	Amlodipine-atorvastatin 10-20 mg	Pravastatin 40-80 mg
	Ezetimibe-atorvastatin 10-20 mg	Lovastatin 40 mg
	Rosuvastatin 5-10 mg	Niacin-lovastatin 40 mg
	Simvastatin 20-40 mg	Fluvastatin XL 80 mg
	Ezetimibe-simvastatin 20-40 mg	Fluvastatin 40 mg bid
Low-intensity statin therapy	Niacin-simvastatin 20-40 mg	Pitavastatin 2-4 mg
	Simvastatin 10 mg	Lovastatin 20 mg
	Ezetimibe-simvastatin 10 mg	Niacin-lovastatin 20 mg
	Sitagliptin-simvastatin 10 mg	Fluvastatin 20-40 mg
	Pravastatin 10-20 mg	Fluvastatin 20-40 mg

## W15 Well-Child Visits in the First 15 Months of Life

### Measure Definition:

The percentage of members who turned 15 months old in 2017 and who had the following number of well-child visits with a PCP during their first 15 months of life:

No well-child visits

One well-child visit

Two well-child visits

Three well-child visits

Four well-child visits

Five well-child visits

Six well-child visits (goal)

The comprehensive well care visit includes:

- Health and developmental history (physical and mental)
- Complete physical exam
- Health education/anticipatory guidance (age appropriate)

### Common Chart Deficiencies and Tips:

1. Missing or undocumented anticipatory guidance
2. Sick visit in calendar year without well-child visit
3. Turn a sick visit into a well-child visit
4. Schedule next visit at end of each appointment

### Billing Reference

Description	CPT	HCPCS	ICD-10 CM
Office Visit	99381-99382, 99391-99392, 99461	G0438, G0439	Z00.11-Z00.129, Z00.5, Z00.8, Z02.0-Z02.9

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## W34 Well-Child Visits in the Third, Fourth, Fifth, and Sixth years of Life

### Measure Definition:

The percentage of members 3–6 years of age who had one or more well-child visits with a PCP in 2017.

The comprehensive well care visit includes:

- Health and developmental history (physical and mental)
- Complete physical exam
- Health education/anticipatory guidance (age appropriate)

### Common Chart Deficiencies and Tips:

1. Missing or undocumented anticipatory guidance
2. Sick visit in calendar year without well-child visit
3. Turn a sick visit into a well-child visit

### Billing Reference

Description	CPT	HCPCS	ICD-10 CM
Office Visit	99382-99383, 99392-99393	G0438, G0439	Z00.121-Z00.129, Z00.5, Z00.8, Z02.0-Z02.9

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# WCC Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents

## Measure Definition:

The percentage of members 3–17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of BMI percentile documentation, counseling for nutrition, and counseling for Physical activity in 2017.

### Common Chart Deficiencies and Tips:

1. BMI percentile or BMI percentile plotted on growth chart for members 3-17 years of age
2. Must include documentation indicating counseling for nutrition and

## Billing Reference

Description	CPT	HCPCS	ICD-10 CM
BMI Percentile			Z68.51-Z68.54
Nutrition Counseling	97802-97804	G0270, G0271, G0447, S9449, S9452, S9470	Z71.3
Physical Activity Counseling		G0447 (face to face behavioral counseling for obesity—15 minutes) , S9451 (Exercise classes— non-physician provider)	Z02.5 (Sports physical) Z71.82 ( <u>Exercise counseling - new code!!!!</u> )

## Measure Exclusion Criteria:

**Any diagnosis of pregnancy during 2017 counts as an exclusion for this measure**

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## ADV Annual Dental Visit

### Measure Definition:

The percentage of members 2–20 years of age who had at least one dental visit in 2017. This measure applies only if dental care is a covered benefit in the organization's Medicaid contract.

#### Tips:

1. Educate parents/guardians about the importance of dental care starting when the child is young.
2. Ask when the last dental appointment was during every well visit

### Billing Reference

#### Description

#### Dental Visits

All codes have been removed from this measure. Any claim with a dental practitioner during the measurement year meets criteria.

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## FUH Follow-Up After Hospitalization for Mental Illness

### Measure Definition:

The percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness diagnoses in 2017 and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental health practitioner. Two rates are reported:

The percentage of discharges for which the member received follow-up within 30 days of discharge.

The percentage of discharges for which the member received follow-up within 7 days of discharge.

**\*\*Visits on the same day as discharge no longer meet criteria.**

### Billing Reference

#### Codes to Identify Follow-Up Visits With a Mental Health Practitioner

##### CPT

98960-98962, 99078, 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99383-99387, 99393-99397, 99401-99404, 99411, 99412, 99510

##### HCPCS

G0155, G0176, G0177, G0409-G411, G0463, H0002, H0004, H0031, H0034-H0037, H0039, H0040, H2000, H2001, H2010-H2020, M0064, S0201, S9480, S9484, S9485, T1015

With or Without Telehealth modifier CPT: 95, GT

OR

##### CPT

90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90867-90870, 90875, 90876

WITH

2, 3, 5, 7, 9, 11-20, 22, 24, 33, 49, 50, 52, 53, 71, 72

##### POS

With or without a Telehealth modifier CPT: 95, GT

99221-99223, 99231-99233, 99238, 99239, 99251-99255

WITH

2, 52, 53

99495, 99496

Transitional Care Management Service

##### UB Revenue

513, 900-905, 907, 911-917, 919

##### Provider Type

Visit in a BH setting

510, 515-517, 519-523, 526-529, 982, 983

With a mental health provider or together with a mental health diagnosis code

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# SAA Adherence to Antipsychotic Medications for Individuals With Schizophrenia

## Measure Definition:

The percentage of members 19-64 years of age during the measurement year with schizophrenia who were dispensed and remained on antipsychotic medication for at least 80% of their treatment period.

### Common Chart Deficiencies and Tips:

1. Discuss and assess for possible side effects at each visit and address if an issue.

## Billing Reference

Diagnosis	ICD-10 CM
Schizophrenia	F20.0-F20.3, F20.5, F20.81, F20.89, F20.9, F25.0, F25.1, F25.8, F25.9
Exclusions	ICD-10 CM
Dementia Dx during the measurement year	F01.50, F01.51, F02.80, F02.81, F03.90, F03.91, F04, F10.27, F10.97, F13.27, F13.97, F18.17, F18.27, F18.97, F19.17, F19.27, F19.97, G30.0, G30.1, G30.8, G30.9, G31.83,

**Member did not have at least two antipsychotic medication dispensing events in the measurement year.**

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## Oral Antipsychotic Medications

Description	Prescription
Miscellaneous antipsychotic agents (oral)	Aripiprazole Asenapine Brexipiprazole Cariprazine Clozapine Haloperidol Iloperidone Loxapine Lurisdone Molindone Olanzapine Paliperidone Pimozide Quetiapine Quetiapine fumarate Risperidone Ziprasidone
Phenothiazine antipsychotics (oral)	Chlorpromazine Fluphenazine Perphenazine Prochlorperazine Thioridazine Trifluoperazine
Psychotherapeutic combinations (oral)	Fluoxetine-olanzapine Amitriptyline-perphenazine
Thioxanthenes (oral)	Thiothixene

## Antipsychotic Injections

Description	Prescription
Long-acting injections 28-days supply	Aripiprazole Fluphenazine decanoate Haloperidol decanoate Olanzapine Paliperidone palmitate
Long-acting injections 14-days supply	Risperidone

## SSD Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications

### Measure Definition:

The percentage of members 18-64 years of age with schizophrenia or bipolar disorder, who were dispensed antipsychotic medication and had a diabetes screening test during the measurement year.

### Common Chart Deficiencies and Tips:

1. Order a diabetes screening test every year and check every visit to ensure that it has been completed.
2. Educate patients about the importance of the test.

### Billing Reference

Diagnosis	ICD-10 CM
Schizophrenia	F20.0-F20.3, F20.5, F20.81, F20.89, F20.9, F25.0, F25.1, F25.8, F25.9
Bipolar Disorder	F30.10-F30.13, F30.2-F30.4, F30.8-F30.9, F31.0, F31.1-F31.13, F31.2-F31.32, F31.4-F31.64, F31.7-F31.78
Test Description	CPT/CPT II Code
Glucose Test	80047, 80048, 80050, 80053, 80069, 82947, 82980, 82951
HbA1C Test	83036, 83037, 3044F-3046F

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# AAB Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis

## Measure Definition:

The percentage of adults 18–64 years of age with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription.

**\*Inverted Measure:** Numerator identifies members prescribed an antibiotic; considered non-compliant for the intent of this measure.

## Billing Reference

Description	ICD-10 CM
Acute Bronchitis	J20.3-J20.9

## Measure Exclusion Criteria:

The member is excluded from the measure if he/she has a diagnosis of pharyngitis or another competing diagnosis 30 days prior to or 7 days after the acute bronchitis diagnosis. The list of competing diagnosis includes all types of infections that would require treatment with an antibiotic.

Any member with a comorbid condition diagnosis in the 12 months prior to the acute bronchitis diagnosis would be excluded. The comorbid diagnoses for this measure include: HIV, malignant neoplasms, emphysema, COPD, cystic fibrosis, tuberculosis, and other lung diseases.

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# ADD Follow-Up Care for Children Prescribed ADHD Medication

## Measure Definition:

The percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed. Two rates are reported.

*Initiation Phase.* The percentage of members 6–12 years of age with an ambulatory prescription dispensed for ADHD medication, who had one follow-up visit with practitioner with prescribing authority during the 30-day Initiation Phase.

*Continuation and Maintenance (C&M) Phase.* The percentage of members 6–12 years of age with an ambulatory prescription dispensed for ADHD medication, whom remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended.

### Common Chart Deficiencies and Tips

1. No refills until the initial follow-up visit is complete
2. Conduct initial follow-up visit 2-3 weeks after member starts medication therapy
3. Schedule additional 2 visits within 9 months of medication at the time of the initial follow-up visit
4. If member cancels an appointment, reschedule appointment right away

## Billing Reference

### ADHD Medications

Description	Prescriptions
CNS stimulants	Amphetamine-dextroamphetamine Lisdexamfetamine Dexmethylphenidate Methamphetamine Dextroamphetamine Methylphenidate
Alpha-2 receptor agonists	Clonidine Guanfacine
Miscellaneous ADHD medications	Atomoxetine

**ADD continued**

**Codes to Identify Follow-Up Visits - Initiation Phase**

<b>CPT</b>	<b>HCPCS</b>	<b>UB Revenue</b>
96150-96154, 98960-98962, 99078, 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99381-99384, 99391-99394, 99401-99404, 99411, 99412, 99510	G0155, G0176, G0177, G0409-G411, G0463, H0002, H0004, H0031, H0034-H0037, H0039, H0040, H2000, H2001, H2010-H2020, M0064, S0201, S9480, S9484, S9485, T1015	0510, 0513, 0515-0517, 0519-0523, 0526-0529, 0900, 0902-0905, 0907, 0911-0917, 0919, 0982, 0983

<b>CPT</b>		<b>POS</b>	<b>Telehealth Modifier</b>	
90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876	With	2, 3, 5 7, 9, 11-20, 22, 33, 49, 50, 52, 53, 71, 72	OR With	95, GT
99221-99223, 99231-99233, 99238, 99239, 99251-99255	With	52, 53	OR With	95, GT

**Codes to Identify Follow-Up Visits - C&M Phase**

All the codes listed above for the Initiation Phase

PLUS one follow-up visit can be telephonic in the C&M Phase

<b>Description</b>	<b>CPT</b>
Telephone Visits	98966-98968, 99441-99443

**Measure Exclusion Criteria:**

<b>Exclusion</b>	<b>ICD-10 CM</b>
Diagnosis of Narcolepsy	G47.411, G47.419, G47.421, G47.429

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## AMM Antidepressant Medication Management

### Measure Definition:

The percentage of members 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication treatment. Two rates are reported.

*Effective Acute Phase Treatment.* The percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks).

*Effective Continuation Phase Treatment.* The percentage of members who remained on an antidepressant medication for at least 180 days (6 months).

### Common Chart Deficiencies and Tips

1. Talk to patient about depression and their treatment plan. The stigma associated with a diagnosis of depression that may result in a patient declining medication or stop the medication after they start
2. Explain what they expect when start the medication and how long it may take before they feel the effect
3. Stress the importance of staying on medication. Patient should call if having problems with the medication and never stop the medication without consulting you
4. Schedule follow-up visits before patient leaves office and stress the need for follow-up

### Billing Reference

Description	ICD-10 CM			
Major Depression	F32.0-F32.4, F32.9, F33.0-F33.3, F33.41, F33.9			
Description	Medication			
Miscellaneous Antidepressants	• Bupropion	• Vilazodone	• Vortioxetine	
Monoamine Oxidase Inhibitors	• Isocarboxazid	• Phenelzine	• Selegiline	• Tranylcypromine
Phenylpiperazine Antidepressants	• Nefazodone	• Trazadone		
Psychotherapeutic Comb	• Amitriptyline-chlordiazepoxide		• Amitriptyline-perphenazine	
	• Fluoxetine-olanzapine			
SNRI Antidepressants	• Desvenlafaxine	• Duloxetine	• Levomilnacipran	• Venlafaxine
SSRI Antidepressants	• Citalopram	• Escitalopram	• Fluoxetine	• Fluvoxamine
	• Paroxetine	• Sertraline		
Tetracyclic Antidepressants	• Maprotiline	• Mirtazapine		
Tetracyclic Antidepressants	• Amitriptyline	• Clomipramine	• Doxepin (>6mg)	• Nortriptyline
	• Amoxapine	• Desipramine	• Imipramine	• Protriptyline
	• Trimipramine			

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# CWP Appropriate Testing for Children With Pharyngitis

## Measure Definition:

The percentage of members 2–18 years of age diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test.

### Common Chart Deficiencies and Tips

1. Perform a group A Strep Test on all children before treating with

## Billing Reference

Description	ICD-10 CM
Pharyngitis	J02.0, J02.8-J03.01, J03.80-J03.81, J03.90-J03.91
Description	CPT
Group A Strep Tests	87070, 87071, 87081, 87430, 87650-87652, 87880

## Antibiotic Medications

Description	Prescriptions	
Aminopenicillins	Amoxicillin	Ampicillin
Beta-lactamase inhibitors	Amoxicillin-clavulanate	
First generation cephalosporins	Cefadroxil Cefazolin	Cephalexin
Folate antagonist	Trimethoprim	
Lincomycin derivatives	Clindamycin	
Macrolides	Azithromycin Clarithromycin Erythromycin	Erythromycin ethylsuccinate Erythromycin lactobionate Erythromycin stearate
Miscellaneous antibiotics	Erythromycin-sulfisoxazole	
Natural penicillins	Penicillin G potassium Penicillin G sodium	Penicillin V potassium
Penicillinase-resistant	Dicloxacillin	
Quinolones	Ciprofloxacin Levofloxacin	Moxifloxacin Ofloxacin
Second generation cephalosporins	Cefaclor Cefprozil	Cefuroxime
Sulfonamides	Sulfamethoxazole-trimethoprim	
Tetracyclines	Doxycycline Minocycline	Tetracycline
Third generation cephalosporins	Cefdinir Cefixime Cefpodoxime	Ceftibuten Cefditoren Ceftriaxone

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# DAE Use of High-Risk Medications in the Elderly

## Measure Definition:

1. The percentage of Medicare members 66 years of age and older who received at least one high-risk medication in 2017.
2. The percentage of Medicare members 66 years of age and older who received at least two different high-risk medications in 2017.

For both rates, a lower rate represents better performance.

**For both measures, a high-risk medication is defined as any of the following:**

A dispensed prescription from High-Risk Medications table.

Dispensed prescriptions that meet days supply criteria from High-Risk Medications With Days Supply Criteria table.

A dispensed prescription that meets average daily dose criteria from High-Risk Medications With Average Daily Dose Criteria table.

## Billing Reference

### High-Risk Medications

Description	Prescription	
Anticholinergics (excludes TCAs), first-generation antihistamines	Brompheniramine	Diphenhydramine (oral)
	Carbinoxamine	Dimenhydrinate
	Chlorpheniramine	Doxylamine
	Clemastine	Hydroxyzine
	Cyproheptadine	Meclizine
	Dexbrompheniramine	Promethazine
	Dexchlorpheniramine	Triprolidine
Anticholinergics (excludes TCAs), anti-Parkinson agents	Benztropine (oral)	Trihexyphenidyl
Antispasmodics	Atropine (exclude ophthalmic)	Hyoscyamine
	Belladonna alkaloids	Propantheline
	Clidinium-chlordiazepoxide	Scopolamine
	Dicyclomine	
Antithrombotics	Dipyridamole, oral short-acting (does not apply to the extended-release combination with aspirin)	
	Ticlopidine	
Cardiovascular, alpha agonists, central	Guanabenz	Methyldopa
	Guanfacine	
Cardiovascular, other	Disopyramide	Nifedipine, immediate release
Central nervous system, antidepressants	Amitriptyline	Trimipramine
	Clomipramine	Nortriptyline
	Amoxapine	Paroxetine
	Desipramine	Protriptyline
	Imipramine	

### High-Risk Medications continued

Description	Prescription	
Central nervous system, barbiturates	Amobarbital Butabarbital Butalbital Mephobarbital	Pentobarbital Phenobarbital Secobarbital
Central nervous system, vasodilators	Ergot mesylates	Isoxsuprine
Central nervous system, other	Meprobamate	
Endocrine system, estrogens with or without progestins; include only oral and topical patch products	Conjugated estrogen Esterified estrogen	Estradiol Estropipate
Endocrine system, sulfonylureas, long-duration	Chlorpropamide	Glyburide
Endocrine system, other	Desiccated thyroid	Megestrol
Pain medications, skeletal muscle relaxants	Carisoprodol Chlorzoxazone Cyclobenzaprine	Metaxalone Methocarbamol Orphenadrine
Pain medications, other	Indomethacin Ketorolac, includes parenteral	Meperidine Pentazocine

### High-Risk Medications With Days Supply Criteria

Description	Prescription		Days Supply Criteria
Anti-Infectives, other	Nitrofurantoin	Nitrofurantoin macrocrystals-monohydrate	>90 days
	Nitrofurantoin macrocrystals		
Nonbenzodiazepine hypnotics	Eszopiclone	Zolpidem	>90 days
	Zaleplon		

### High-Risk Medications With Average Daily Dose Criteria

Description	Prescription	Average Daily Dose Criteria
Alpha agonists, central	Reserpine	>0.1 mg/day
Cardiovascular, other	Digoxin	>0.125 mg/day
Tertiary TCAs (as single agent or as part of combination products)	Doxepin	>6 mg/day

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## DDE Potentially Harmful Drug-Disease Interactions in the Elderly

### Measure Definition:

The percentage of Medicare members 65 years of age and older who have evidence of an underlying disease, condition or health concern and who were dispensed an ambulatory prescription for a potentially harmful medication, concurrent with or after the diagnosis.

Three individual rates and a total rate reported:

1. A history of falls and a prescription for anticonvulsants, SSRIs, antipsychotics, benzodiazepines, non-benzodiazepine hypnotics or tricyclic antidepressants.
2. Dementia and a prescription for antipsychotics, benzodiazepines, non-benzodiazepine hypnotics, tricyclic antidepressants, H2 receptor antagonists or anticholinergic agents.
3. Chronic kidney disease and a prescription for Cox-2 selective NSAIDs or nonaspirin NSAIDs

### Billing Reference

Description	ICD-10 CM			
Falls	Any fall or hip fracture ICD10 or CPT code pulls the member into this measure			
Dementia	F01.5, F01.51, F02.80, F02.81, F03.90, F03.91, F04, F10.27, F10.97, F13.27, F13.97, F18.17, F18.27, F18.97, F19.17, F19.27, F19.97, G30.0, G30.1, G30.8, G30.9, G31.83			
Chronic Kidney Disease Stage 4	N18.4			
Description	ICD-10 CM	ICD-10 PCS	HCPCS	CPT
ESRD	N18.5, N18.6, Z91.15, Z99.2	3E1M39Z, 5A1D00Z, 5A1D60Z	G0257, S9339	36147, 36800, 36810, 36815, 36818-36821, 36831-36833, 90935, 90937, 90940, 90945, 90947, 90951-90970, 90989, 90993, 90997, 90999, 99512
Kidney Transplant	Z94.0	0TY00Z0, 0TY00Z1, 0TY00Z2, 0TY10Z0, 0TY10Z1, 0TY10Z2	S2065	50300, 50320, 50340, 50360, 50365, 50370, 50380

## Potentially Harmful Medications

### Potentially Harmful Drugs - Rate 1

Description	Prescription			
Anticonvulsants	Carbamazepine	Fosphenytoin	Oxcarbazepine	Topiramate
	Clobazam	Gabapentin	Phenobarbital	Valproate sodium
	Divalproex sodium	Lacosamide	Phenytoin	Valproic acid
	Ethosuximide	Lamotrigine	Pregabalin	Vigabatrin
	Ethotoin	Levetiracetam	Primidone	Zonisamide
	Ezogabine	Mephobarbital	Rufinamide	
	Felbamate	Methsuximide	Tiagabine HCL	
SSRIs	Citalopram	Fluoxetine	Paroxetine	
	Escitalopram	Fluvoxamine	Sertraline	

### Potentially Harmful Drugs - Rate 1 and Rate 2

Description	Prescription			
Antipsychotics	Aripiprazole	Fluphenazine	Olanzapine	Thioridazine
	Asenapine	Haloperidol	Paliperidone	Thiothixene
	Brexpiprazole	Iloperidone	Perphenazine	Trifluoperazine
	Cariprazine	Loxapine	Pimozide	Ziprasidone
	Chlorpromazine	Lurasidone	Quetiapine	
	Clozapine	Molindone	Risperidone	
Benzodiazepines	Alprazolam	Estazolam	Quazepam	
	Chlordiazepoxide products	Flurazepam HCL	Temazepam	
	Clonazepam	Lorazepam	Triazolam	
	Clorazepate-dipotassium	Midazolam HCL		
	Diazepam	Oxazepam		
Nonbenzodiazepine hypnotics	Eszopiclone	Zaleplon	Zolpidem	
Tricyclic antidepressants	Amitriptyline	Desipramine	Nortriptyline	
	Amoxapine	Doxepin (>6 mg)	Protriptyline	
	Clomipramine	Imipramine	Trimipramine	

## Potentially Harmful Medications continued

### Potentially Harmful Drugs - Rate 2

Description	Prescription			
H2 receptor antagonists	Cimetidine	Famotidine	Nizatidine	Ranitidine
Anticholinergic agents, antihistamines	Prochlorperazine	Promethazine		
Anticholinergic agents, antihistamines	Carbinoxamine	Triprolidine	Dexbrompheniramine	
	Chlorpheniramine	Cyproheptadine	Dexchlorpheniramine	
	Hydroxyzine	Dimenhydrinate	Doxylamine	
	Brompheniramine	Diphenhydramine		
	Clemastine	Meclizine		
Anticholinergic agents, antispasmodics	Atropine	Dicyclomine	Scopolamine	
	Homatropine	Hyoscyamine	Clidinium-chlordiazepoxide	
	Belladonna alkaloids	Propantheline		
Anticholinergic agents, antimuscarinics (oral)	Darifenacin	Flavoxate	Solifenacin	Trospium
	Fesoterodine	Oxybutynin	Tolterodine	
Anticholinergic agents, anti-Parkinson agents	Benzotropine	Trihexyphenidyl		
Anticholinergic agents, skeletal muscle relaxants	Cyclobenzaprine	Orphenadrine		
Anticholinergic agents, SSRIs	Paroxetine	Disopyramide		
Anticholinergic agents, antiarrhythmics	Disopyramide			

### Potentially Harmful Drugs - Selective NSAIDs and Nonaspirin NSAIDs Rate 3

Description	Prescription			
Cox-2 Selective NSAIDs	Celecoxib			
Nonaspirin NSAIDs	Diclofenac potassium	Ketoprofen	Naproxen sodium	
	Diclofenac sodium	Ketorolac	Oxaprozin	
	Etodolac	Meclofenamate	Piroxicam	
	Fenoprofen	Mefenamic acid	Sulindac	
	Flurbiprofen	Meloxicam	Tolmetin	
	Ibuprofen	Nabumetone		
	Indomethacin	Naproxen		

## LBP Use of Imaging Studies for Low Back Pain

### Measure Definition:

The percentage of members with a primary diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis. This measure is for members aged 18-50 years old.

\*Inverted Measure: Numerator identifies appropriate treatment of low back pain (i.e., the proportion for whom imaging studies did not occur).

### Billing Reference

#### ICD-10 CM Diagnosis Uncomplicated Low Back Pain

M47.26-M47.28, M47.816-M47.818, M47.896-M47.898, M48.06-M48.08, M51.16, M51.17, M51.26, M51.27, M51.36, M51.37, M51.86, M51.87, M53.2X6-M53.2X8, M53.3, M53.86-M53.88, M54.16-M54.18, M54.30-M54.32, M54340-M54.42, M54.5, M54.89, M54.9, M99.03-M99.04, M99.23 -M99.84, S33.100A, S33.100D, S33.100S, S33.110A, S33.110D, S33.110S, S33.120A, S33.120D, S33.120S, S33.130A, S33.130D, S33.130S, S33.140A, S33.140D, S33.140S, S33.5XXA, S33.6XXA, S33.8XXA, S33.9XXA, S39.002A, S39.002D, S39.002S, S39.012A, S39.012D, S39.012S, S39.092A, S39.092D, S39.092S, S39.82XA, S39.82XD, S39.82XS, S39.92XA, S39.92XD, S39.92XS

Description	CPT	UB Revenue
Imaging Studies	72010, 72020, 72052, 72100, 72110, 72114, 72120, 72131-72133, 72141, 72142, 72146-72149, 72156, 72158, 72200, 72202, 72220	0320, 0329, 0350, 0352, 0359, 0610, 0612, 0614, 0619, 0972

### Measure Exclusion Criteria:

**Anytime in member's history:**

**Cancer, Major Organ Transplant, HIV**

**Any time during the 3 months prior to the diagnosis of low back pain:**

**Recent Trauma**

**Any time during the 12 months prior to low back pain diagnosis:**

**Neurological Impairment, Spinal Infection, IV Drug Use**

**Or 90 consecutive days of corticosteroid treatment any time during 12 months prior to the diagnosis of low back pain**

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# PCE Pharmacotherapy Management of COPD Exacerbation

## Measure Definition:

The percentage of COPD exacerbations for members 40 years of age and older who had an acute inpatient discharge or ED visit on or between January 1–November 30, 2017 and who were dispensed appropriate medications. Two rates are reported:

1. Dispensed a systemic corticosteroid (or there was evidence of an active prescription) within 14 days of the event.
2. Dispensed a bronchodilator (or there was evidence of an active prescription) within 30 days of the event.

## Billing Reference

Description	ICD-10 CM
COPD	J44.0, J44.1, J44.9
Emphysema	J43.0-J43.2, J43.8, J43.9
Chronic Bronchitis	J41.0, J41.1, J41.8, J42

## COPD Medications

### Systemic Corticosteroids

Description	Prescriptions
Glucocorticosteroids	Betamethsone Cortisone-acetate Dexamethasone Hydrocortisone Methylprednisolone Prednisolone Prednisone Triamcinolone

### Bronchodilators

Description	Prescriptions
Anticholinergic Agents	Albuterol-ipratropium Aclidinium-bromide Umeclidinium Ipratropium Tiotropium
Beta 2-agonists	Albuterol Arformoterol Budesonide-formoterol Fluticasone-salmeterol Fluticasone-vilanterol Formoterol Formoterol-glycopyrrolate Indacaterol Indacaterol-glycopyrrolate Levalbuterol Mometasone-formoterol Metaproterenol Olodaterol-hydrochloride Olodaterol-tiotropium Pirbuterol Salmeterol Umeclidinium-vilanterol
Methylxanthines	Aminophylline Dyphylline Theophylline
Antiasthmatic combinations	Dyphylline-guaifenesin Guaifenesin-theophylline

## PPC Prenatal and Postpartum Care

### Measure Definition:

The percentage of deliveries of live births between November 6, 2016 and November 5, 2017. For these women, the measure assesses the following facets of prenatal and postpartum care.

*Timeliness of Prenatal Care.* The percentage of deliveries that received a prenatal care visit as a member of the organization in the first trimester *or* within 42 days of enrollment in the organization.

*Postpartum Care.* The percentage of deliveries that had a postpartum visit on or between 21 and 56 days after delivery.

#### Common Chart Deficiencies and Tips

1. C-section suture/staple removal appointment prior to 21 days after delivery does not meet measure criteria
2. Schedule postpartum follow-up visit for C-section patients before they leave after suture/staple removal.

### Billing Reference

#### Timeliness of Prenatal Care

##### Codes to Identify Prenatal Care Visit - Method 1

Description	CPT/CPT II	HCPCS
Prenatal Bundled Services	59400, 59425, 59426, 59510, 59610, 59618	H1005
Stand Alone Prenatal Visits	99500, 0500F, 0501F, 0502F	H1000-H1004

##### Codes to Identify Prenatal Care Visits - Method 2

CPT	HCPCS	UB Revenue
99201-99205, 99211-99215, 99241-99245	T1015, G0463	0514

#### WITH One of the Following Diagnosis or Procedure Codes:

Description	CPT	ICD-10 PCS
Obstetric Panel	80055, 80081	
Prenatal Ultrasound	76801, 76805, 76811, 76813, 76815-76821, 76825-76828	BY49ZZZ, BY4BZZZ-BY4DZZZ, BY4FZZZ, BY4GZZZ

OR

A provider visit code WITH Toxoplasma Antibody, Rubella Antibody, Cytomegalovirus, and Herpes Simplex CPT:

Toxoplasma Antibody	86777, 86778	Rubella Antibody	86762
Cytomegalo- virus Antibody	86644	Herpes Simplex Antibody	86694-86696

**Codes to Identify Prenatal Care Visits - Method 2 continued**

OR

Description	CPT	HCPCS	UB Revenue
<b>Provider Visit Code WITH Rubella Antibody and ABO CPT Code:</b>			
Rubella Antibody	86762	AND ABO	86900

OR

**Provider Visit WITH Rubella Antibody and Rh CPT:**

Description	CPT	HCPCS	UB Revenue
Rubella Antibody	86762	AND Rh	86901

OR

**Provider Visit WITH Rubella Antibody and ABO/Rh CPT/LOINC Code:**

Description	CPT	HCPCS	UB Revenue
Rubella Antibody CPT	86762	AND ABP/Rh LOINC	77397-8, 882-1, 884-7

**Identifying Prenatal Care Visits - Method 3 - PCP**

A visit with the PCP during the first trimester can count as a prenatal visit is if:

- a visit with LMP or EDD is documented with an obstetrical history or a risk assessment and counseling/education
- OR
- a visit with a pregnancy diagnosis code is submitted on the same claim as the visit AND at least one of the services described above in method 2 is completed on the same or different date of service

**Postpartum Visit - Any of the following Meet Criteria**

Description	CPT/CPT II	ICD-10 CM	HCPCS
Postpartum Visit	57170, 58300, 59430, 99501, 0503F	Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2	G0101

Description	CPT	UB Rev	HCPCS
Cervical Cytology	88141-88143, 88147, 88148, 88150, 88152-88154, 88164-88167, 88174, 88175	0923	G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091

Description	CPT
Postpartum Bundled Services	59400, 59410, 59510, 59515, 59610, 59614, 59618, 59622

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# URI Appropriate Treatment for Children With Upper Respiratory Infection

## Measure Definition:

The percentage of children 3 months to 18 years of age who were given a diagnosis of upper respiratory infection and were not dispensed an antibiotic.

\*Inverted Measure: Numerator identifies members who received an antibiotic; considered non-compliant for the intent of this measure.

## Billing Reference

### ICD-10-CM URI Diagnosis

J00, J06.0, J06.9

### ICD-10 CM Pharyngitis Diagnosis

J02.0, J02.8-J03.01, J03.80-J03.81, J03.90-J03.91

## Measure Exclusion Criteria:

The member is excluded from the measure if he/she has a diagnosis of pharyngitis or another competing diagnosis 30 days prior to or 7 days after the acute bronchitis diagnosis. The list of competing diagnosis includes all types of infections that would require treatment with an antibiotic.

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